REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A1081 Type of Application: Agent Permit Agent Permit					
Job Title or Type of License, Certification	or Permit: Agent	Permit			
Agency Address Set Contributing Agency	<u></u>				
Bureau for Private Postsecondary Agency authorized to receive criminal history inform		00615 Mail Code (five digit code assigned by DOJ)			
P.O. BOX 980818		Valerie McZeek			
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)			
	95798-0818 Zip Code	(916) 445-3427 ext. 3049 Contact Telephone No.			
Name of Applicant:	First	MI			
Alias:		Driver's License No.			
	First				
Date of Birth: Sex:	Male Female	Misc. No. BIL- Agency Billing Number (if applicable)			
Height: Weight: _	_	Misc. No:			
Eye Color: Hair Color:	:	Home Address: Street or P.O. Box			
Place of Birth:		0.000 011.0. Do.			
		City, State and Zip Code			
SOC:					
Your Number: OCA No. (Agency Identifying	No.)	Level of Service X DOJ FBI			
If resubmission, list Original ATI No.					
Employer: (Additional response for agencies spe	ecified by statute)				
Employer Name					
Street No. Street or P.O. Box		Mail Code (five digit code assigned by DOJ)			
City State	Zip Code	Agency Telephone No. (optional)			
Live Scan Transaction Completed By:	Live Scan Transaction Completed By: Name of Operator Date:				
Transmitting Agency	ATI No.	Amount Collected/Billed			
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Bureau for Private Po				00615 re digit code assigned by DOJ)
P.O. BOX 980818				Valerie McZeek
Street No. Street or P	.O. Box		Contact Name	(Mandatory for all school submissions)
	CA	95798-0818		916) 445-3427 ext. 3049
City S	State	Zip Code	Contact Telep	phone No.
Name of Applicant:	Last	First		MI
			Driver's License	. NIL
Alias: Last		First	Driver's License	e No
Date of Birth:	Sex:	Male Female	Misc. No. BIL-	N/A Agency Billing Number (if applicable)
Height:	Weight:		Misc. No:	
Eve Color:	Hair Colo	or:	Home Address:	Street or P.O. Box
			<u> </u>	Street or P.O. Box
Place of Birth:			·	
SOC:				City, State and Zip Code
Your Number:			Level of Service	X DOJ FBI
OCA No.	(Agency Identifying	g No.)		
If resubmission, list Origin	nal ATI No			
Employer: (Additional respor	nse for agencies sp	pecified by statute)		
Employer Name				
Street No.	Street or P.O. Box		Mail	Code (five digit code assigned by DOJ)
		7' 2-4-)
City	State	Zip Code	Ager	ncy Telephone No. (optional)
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Live Scan Transaction Co	этріетеа ву:	Name of Operator		Date:
Transmitting Agency		ATI No.		Amount Collected/Billed

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Agency Address Set Contr	buting Agenc	y:		
Bureau for Private Pos Agency authorized to receive crin				00615 de (five digit code assigned by DOJ)
P.O. BOX 980818				Valerie McZeek
Street No. Street or P.C	. Box		Contact	Name (Mandatory for all school submissions)
West Sacramento C		95798-0818		(916) 445-3427 ext. 3049
City Sta	ate	Zip Code	Contact	t Telephone No.
Name of Applicant:	st	First	<u> </u>	MI
(1 1	-			
Alias: Last		First	Driver's Lic	ense No.
Data of Dirth:	Sovi	_	Mica No F	NI/Δ
Date of Birth:	Sex. [Male Female) IVIISC. INC. E	Agency Billing Number (if applicable)
Height:	<u></u>		Misc. No:	
Eve Color:	Hair Colo	r [.]	Home Addres	Street or P.O. Box
				Street or P.O. Box
Place of Birth:			_	
				City, State and Zip Code
SOC:				
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Employer: (Additional response	e for agencies sp	ecified by statute)		
	/10. ag ,	ooou 2, 2,		
Employer Name				
Street No. Str	reet or P.O. Box			Mail Code (five digit code assigned by DOJ)
			()
City Sta	ite	Zip Code		Agency Telephone No. (optional)
Live Scan Transaction Cor	npleted By: _	Name of Operator		Date:
		Name of operator		
Transmitting Agency		ATI No.		Amount Collected/Billed



Bureau for Private Postsecondary and Vocational Education

P.O. Box 980818, West Sacramento, CA 95798-0818 (916) 445-3427 www.bppve.ca.gov



AGENT PERMIT LIVE SCAN PROCESS INSTRUCTION FORM

Live Scan is a system for electronically submitting fingerprints used in background checks to the California Department of Justice. The Bureau for Private Postsecondary and Vocational Education (BPPVE) now requires California residents applying for agent permits to use the Live Scan system for electronic submission of fingerprints and subsequent automated background checks. Hard-copy fingerprints are no longer accepted. If you are a resident of a state other than California, please contact BPPVE for instructions.

STEP 1

Simply follow these steps:

Fill out the following information on the pre-printed Live Scan form (BCII 8016), which can be obtained either from the Bureau or downloaded from Bureau Web site at http://www.dca.ca.gov/bppve/live scan fingerp.htm:

1. Name of Applicant: Enter the Last Name, First Name and Middle Name.

2. Alias: Enter any aliases (including any maiden name) of the applicant.

3. Date of Birth: Enter the date of birth of the applicant.

Sex: Enter the sex of the applicant.
 Height: Enter the height of the applicant.
 Weight: Enter the weight of the applicant.
 Eye Color: Enter the eye color of the applicant.
 Hair Color: Enter the hair color of the applicant
 Place of Birth: Enter the place of birth of the applicant.
 SOC: Enter the applicant's Social Security number.

11. Driver's License No: Enter the applicant's Driver's License number, including the state.

12. Home Address: Enter the applicant's home address.

STEP 2

With three copies of the completed Live Scan Form, go to the nearest Live Scan site to have your fingerprints electronically submitted to the Department of Justice (DOJ).

NOTE: A listing of available DOJ Live Scan sites is available by contacting the Bureau at (916) 445-3427 or online at http://caag.state.ca.us/fingerprints/publications/contact.htm.

STEP 3: PAY THE LIVE SCAN OPERATOR

AGENT PERMIT	
\$32.00 DOJ Fingerprint Processing Fee	
TOTAL: \$32.00	

STEP 4: SUBMIT THE FOLLOWING TO THE BUREAU

AGENT PERMIT

- 1. The completed Agent Permit Application
- 2. The second copy of the Live Scan form (BCII 8016) received from the Live Scan Site, signed by the Live Scan operator including the ATI number.
- 3. A check/money order totaling the amount of \$100.00 Initial Agent Permit Application Processing Fee.

(Rev. 7/2005)